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THE PERMANENTE MEDICAL GROUP

Medical Methods Research • 3779 Piedmont Avenue • Oakland, California 94611
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January 15, 1975

Vincent Lisante, D.M.D.
Council for Tobacco Research - USA, Inc.
110 E. 59th Street
New York, New York 10022

Dear Vince:

We very much appreciated the meeting you set up at CTR headquarters on January 9 since that gave us all a chance to exchange ideas concerning the future of our project, "Characteristics of Smokers and Nonsmokers". This was particularly useful since we were able to begin establishing priorities for future work.

One area that we all seemed to place at high priority was longitudinal studies of smokers who have had several multiphasic checkups, probably using a three-examination data base. In particular, we would place emphasis on comparisons of cigarette smokers who continue to smoke, those who quit temporarily and those who quit for as long as we can observe them. Within these latter two groups we would attempt to distinguish those ex-smokers who quit because of illness from those who quit for other reasons. Having identified these subgroups we would then focus on their initial characteristics when they were all smokers. We would first examine their age, sex and race distribution and intensity of initial smoking habit (amount, duration, inhalation). We would then look at other cardiovascular risk factors including cholesterol, blood pressure, and relative weight to see whether these differed initially before the smokers took their differing paths into the persistent and ex-smoking subgroups. Furthermore we would determine what happened to these variables subsequently, when these subjects had changed (or persisted in) their smoking status. Another area of exploration would be initial social status (as measured by educational level) and psychological traits (as measured by neuromental questionnaire items) that relate to subsequent quitting and/or persistence of smoking. These latter analyses would help determine the kinds of people who are best able to, and least able to quit smoking and remain quitters. The approximate time schedule that I would expect for this effort would be as follows.

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First year: define and identify the various subgroups; conduct chart review studies concerning the reasons for stopping smoking in hopes of finding an easy method for distinguishing cessation due to illness vs. other reasons in the multiphasic data; pre-

pare final data sets; begin analyses regarding initial demographic and smoking-intensity characteristics of the various subgroups.

Second year: complete above analyses and carry out analyses of coronary risk factors, and psychosocial data.

With a similar level of financial support we have been getting we can undertake one other major study effort during the same two-year period. The study I would favor (and I think this was generally agreed upon in our discussions) would be a case-control study of lung cancer, exploring the multiphasic examination data for factors other than smoking which are predictive of lung cancer. Stated in another way we would try to determine which smokers are most apt to get lung cancer and which are not. We would ascertain lung cancer cases who had had prior multiphasic checkups while they were free of the disease and compare them to a control group matched for smoking habit but who did not develop lung cancer. There are about 750 variables that we could look at and we have had considerable experience with similar ongoing studies of myocardial infarction, sudden cardiac death and stroke. (This approach, by the way, has a distinct advantage over the usual case-control study design, since we utilize data that were collected uniformly on the controls and on the cases before disease developed. In this way, our method resembles a cohort study).

In the proposed lung cancer study some work has already been done through a collaborative effort with Dr. John Weir, a psychologist with Dr. Petrakis's cancer study group at the University of California Medical Center in San Francisco. That study has identified 105 lung cancer cases diagnosed by 1971, and 105 smoking-matched controls who took the neuromental questionnaire at a prior multiphasic checkup. Comparison of the neuromental questionnaire response patterns is being made to determine whether psychological traits are related to the subsequent development of lung cancer as has been proposed by Kissen and others. Our proposed study would utilize these cases but we would hope to at least double the number by bringing in cases developing from 1972 through 1975 and not requiring the case to have had a neuromental questionnaire as part of his multiphasic. Incidentally, as you requested we shall invite Dr. Weir to attend the site visit to be a resource person on these matters. A copy of his curriculum vitae is enclosed.

The approximate time schedule for this lung cancer study would be as follows:

First year: ascertain additional lung cancer cases and obtain smoking-matched controls. Assemble their multiphasic data into analyzable data sets.

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Second year: data analysis -- case-control comparisons on 750 variables.

Other possibilities that were favorably considered were analyses of the neuromental questionnaire responses of persons with and without peptic ulcer, with further analyses to determine whether psychological traits might explain the smoking-peptic ulcer relationship. In addition we considered further descriptive studies of smoking habits according to occupation and birthplace. Given the projected amount of the grant, undertaking the peptic ulcer study would mean not undertaking some of the work previously described. The occupation and/or birthplace analyses might be fitted in as a secondary goal if time and resources permit, with the understanding that these were of lesser priority and that they might not be completed.

Work in progress to be completed during the next several months. An extensive analysis of the relationship of chest pain to cigarette smoking has been completed and a manuscript was submitted for publication two weeks ago. We may have to do a small amount of additional work on this if suggested by journal reviewers. Additional analyses of smoking and urine chemistry findings have been completed. A small amount of time is needed to complete the revised manuscript. A manuscript on psychological characteristics of smokers and nonsmokers is essentially complete but some additional time is needed to clean up a few details. - Partly stemming from this work another extensive study is underway to explore whether the psychological responses that distinguish smokers from nonsmokers may also account for the association of smoking with myocardial infarction. This should be completed in a few months. Over the next few months we shall also be doing some further analyses of smoking and questionnaire items about lung allergy.

Thus, in terms of a projected time schedule, I expect that the ongoing work described in the above paragraph will be completed during the first half of 1975, leaving us free to pursue the two-year program on longitudinal studies of smokers and predictors of lung cancer from July, 1975 through June, 1977.

I would propose the following agenda for our forthcoming site visit.

Greeting and Introduction	9:00 - 9:05 AM	Dr. Friedman
Overview of Kaiser-Permanente and Medical Methods Research	9:05 - 9:20	Dr. Collen
Description of data resources for proposed and other possible studies	9:20 - 9:40	Dr. Friedman
History of present grant activ- ities and progress report	9:40 - 10:00	Dr. Friedman
Discussion	10:00 - 10:30	
Coffee break	10:30 - 10:45	
Review of Proposed Studies	10:45 - 11:15	Dr. Friedman
Discussion	11:15 - 12:00	
Lunch	12:00 - 1:00	
Tour of Multiphasic Laboratory and Health Center	1:00 - 1:30	
Discussion	1:30 -	

Members of our group who should attend in addition to Dr. Collen and myself are Dr. Seltzer, Dr. Dales and Mr. Siegelau. Each of these persons can participate in the discussion and describe their own work in detail, if desired by the visitors. In addition, Dr. Weir would be here, and Mr. Citron, in case there is any discussion of the Twin Registry Feasibility Study.

We are, of course, quite flexible about the agenda and would be willing to modify it in any way you felt would be of help. Our purpose is to inform the visitors as fully as possible and answer any questions that might arise.

If agreeable with you we would appreciate this letter being regarded as our 6-month progress report (No. 6) for the last half of 1974, particularly the materials in the above section "Work in progress to be completed in the next several months". I might also mention that the following papers were pub-

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lished during that time, acknowledging Council for Tobacco Research - U.S.A. support.

Study of the relationship of chest pain to cigarette smoking has been completed and a manuscript was submitted for publication two weeks ago. Seltzer, C.C., Friedman, G.D., Siegelau, A.B., and Collen, M.F.:

Smoking habits and pain tolerance. Arch Environ Health 29:170-172, 1974.

Diagnosis have been completed. A small amount of time is needed to complete the revised manuscript. A manuscript on psychological

Siegelau, A.B., Friedman, G.D., Adour, K., and Seltzer, C.C.: Hearing

loss in adults: relation to age, sex, exposure to loud noise, and

another cigarette smoking. Arch Environ Health 29:107-109, 1974.

Psychological responses that distinguish smokers from nonsmokers may also account for

the differences. Dales, L.G., Friedman, G.D., Siegelau, A.B., and Seltzer, C.C.:

Cigarette smoking and serum chemistry tests. J. Chron. Dis. 27:

293-307, 1974.

Analysis of the uses of smoking and questionnaire items about

Seltzer, C.C., Siegelau, A.B., Friedman, G.D., and Collen, M.F.: Differ-

ences in pulmonary function related to smoking habits and race. Amer

Review of Respiratory Disease 110:598-608, 1974.

1974 leaving us free to pursue the two-year program on longitudinal studies

Oakes, T.W., Friedman, G.D., Seltzer, C.C., Siegelau, A.B., and Collen,

M.F.: Health services utilization by smokers and nonsmokers. Medical

Care 12:958-966, 1974.

Klatsky, A.L., Friedman, G.D., and Siegelau, A.B.: Alcohol consumption

before myocardial infarction: results from the Kaiser-Permanente

epidemiologic study of myocardial infarction. Annals of Internal

Medicine 81:294-301, 1974.

With best regards.

Sincerely,

Gary

Gary D. Friedman, M.D.

Senior Epidemiologist

GDF:st

cc: Dr. Collen

Dr. Gardner

Dr. Hockett

Dr. Seltzer

can participate in the discussion and discuss their own work in detail, if

desired. In fact, while in the discussion of the work of the Kaiser-Permanente

Study, it was pointed out that the Kaiser-Permanente Study is a very

large study and that the Kaiser-Permanente Study is a very large study

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